Express Label No:

PTO/SB/01 (05-03) Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **Attorney Docket Number** P04559US01 **DECLARATION FOR UTILITY OR First Named Inventor** DESIGN Vennerstrom, et al. COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) **Examiner Name** required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SPIRO AND DISPIRO 1,2,4-TRIOXOLANE ANTIMALARIALS (Title of the Invention) the specification of which 1 is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International and was amended on (MM/DD/YYYY) Application Number (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date **Priority** Certified Copy Attached? (MM/DD/YYYY) Number(s) Country Not Claimed Yes PCT/US02/19767 wo 06/21/2002

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. [Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (05-03)
Approved for use through 04/30/2003, OMB 0651-0032
U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	V	Custome or Bar Co		2	2885		OR		Corres	pondence address below
Name				_						
Address										
City					State	₿				ZIP
							T =			
Country			Telephor				Fax			
US			515-288-3	1				88-1331		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST IN	NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor									
Given Name						1	Family N	lame		
(first and middle [if any]) Jonath	an L.	_	,			- 1	or Surna		ennerstr	rom
Inventor's		-//	1							Date / /
Signature / CWILL	C	<u>,                                    </u>	line	uf						07/14/03
Residence: City	Stat	е			Cou	ntry			Citize	nship / / (
Omaha V	NE				US				US	
Mailing Address College of Pharmacy, 986025 Neb	raska	Medical Ce	nter							
City	Stat	е				ZIP			T	Country
Omaha	NE					68198	8-6025			US
NAME OF SECOND INVENTO	R:					] Ap	etition h	as bee	n filed t	for this unsigned inventor
Given Name							amily Na			
(first and middle [if any]) Yuxian	g					0	r Surnan	ne Do	ng	
Inventor's Signature	_	D	mg							Date July 14, 2003
Residence: City.	Stat	е			Cou	ntry			Citize	nship
Omaha	ΝE				υs				People	's Republic China
Mailing Address		-								
College of Pharmacy, 986025 Neb	raska I	Medical Ce	nter							
City	Stat	е		· <del>- · · · · · · · · · · · · · · · · · ·</del>		ZIP			Count	try
Omaha	NE					68198-	-6025		us	
Additional inventors or a legal re	presen	tative are bei	ng named on	the 2 s	upplem	ental sh	eet(s) PTO	/SB/02A	or 02LR	attached hereto.

PTO/SB/02A (05-03)

Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S)

DECLARATION		Suppleme	ntal Sheet	Page	of4
Name of Additional Joint Inventor, if any:		A pe	etition has been filed for	this unsigned in	ventor
Given Name (first and middle (if any)		Family Na	me or Surname		
Jacques				Chollet	
Inventor's Signature Pacques Jole	le 1			Date	8 juilles
Residence: City Basel	State		Country Switzerland	Citizenshij	Switzerland
Mailing Address Swiss Tropical Institute, Socinstrasse 57	7	<u></u>			
Mailing Address Ch-4002 Basel					
City	State		Zip	Country	Switzerland
Name of Additional Joint Inventor, if any:		□ Аре	etition has been filed for	this unsigned in	ventor
Given Name (first and middle (if any)			Family Nam	e or Surname	
Hugues			М	atile	
Inventor's Signature		Date	M. July 2	2003	
Residence: City Basel	State		Country Switze	erland	Switzerland Citizenship
Mailing Address Pharma Research Dept., Infectious Disc	eases, F. H	offman - LaR	oche Ltd., CH-4070 Bas	sel, Switzerland	
Mailing Address Pharma Research Dept., Infectious Dise	eases, F. Ho	offman - LaR	oche Ltd., CH-4070 Bas	el, Switzerland	
City	State		Zip	Country	Switzerland
Name of Additional Joint Inventor, if any:		□ <sub>A po</sub>	etition has been filed for	this unsigned in	nventor
Given Name (first and middle (if any)			Family Name	e or Surname	-
Maniyan			Padm	anilayam	
Inventor's Signature		Date			
Residence: City Woburn	State	MA	Country US		India Citizenship
Mailing Address 14 Westgate Drive #107					
Mailing Address				<del>- 1</del>	
City Woburn	State	MA	Zip 01801	Countr	, us

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/02A (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIO Supplemen		. INVENTOR(S) heet	Page -	3 of
				<del></del>	_	· · · · · · · · · · · · · · · · · · ·
Name of Additional Joint Inventor, if any:		A pe	tition I	has been filed for this	unsigned inv	ventor
Given Name (first and middle (if any)		Family Nan	ne or	Surname		
Jacques				C	hollet	
Inventor's Signature					Date	
Residence: City Basel	State		Cou	ntry Switzerland	Citizenship	Switzerland
Mailing Address Swiss Tropical Institute, Socinstrasse 57						
Mailing Address Ch-4002 Basel					•	
City	State			Zip	Country	Switzerland
Name of Additional Joint Inventor, if any:		☐ A pet	tition I	nas been filed for this	unsigned inv	ventor
Given Name (first and middle (if any)	Family Name or Surname					
Hugues	Matile					
Inventor's Signature		Date				
Residence: City Basel	State			Country Switzerland	d	Switzerland Citizenship
Mailing Address Pharma Research Dept., Infectious Diseas	es, F. Ho	offman - LaRo	che L	td., CH-4070 Basel, S	Switzerland	
Mailing Address Pharma Research Dept., Infectious Disease	es, F. Ho	ffman - LaRo	che L	td., CH-4070 Basel, S	witzerland	:
City	State			Zip	Country	Switzerland
Name of Additional Joint Inventor, if any:		☐ A pet	tition h	nas been filed for this	unsigned inv	rentor
Given Name (first and middle (if any)		Family Name or Surname				
Maniyan				Padmanila	yam	
Inventor's Signature		Date (	07.	-25-03		
Residence: City Woburn	State	MA		Country US	:	India Citizenship
Mailing Address 14 Westgate Drive, #107						
Mailing Address						· · · · · ·
City Woburn	State	MA		Zip 01801	Country	US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS. TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO/SB/02A (05-03)
Adjurtived for usin through 04/50/2003, OMB 0851-0032
U.S. Peterd and Trashmath Offices U.S. DEPARTMENT OF COMMERCE

Linder the Penarwork Reduction Act at 1995, no perport sie o	ecrative CT 10 11	ADDITION	AL IN	#NTQR(8)	SHAPE A YOUR	CAR COMO MENERA
DECLARATION		Supplement	1 Shoot	;; :}	Page	4 01 4
Name of Additional Joint Inventor, if any:		A petitio	n has b	en filed for Pris	unsigned its	ventor
Given Name (first and middle (if any)		Fanally Name	or Surna	ine	····	
Yuanqing				· •	EAG	
Inventor's Viang					Date O	7/14/03
Residence: City Omaha	State	NE C	ountry	s	Chuenchip	China
Mailing Address University of Nebraska Medical Center, C	College of	Pharmacy				
Mailing Address 986025 Nebraska Medical Center				<u> </u>		
City Omaha	State	NE	Zip	166198-6025	Country	U <b>8</b>
Name of Additional Joint Inventor, if any:		A petitio	n has bö	en filed for this	unsigned (in	/enlor
Given Name (first and middle (if any)				amily Name or	Sumane	
William N.;				Charms	n	
Inventor's Will black	•	Date M	ہر	12,50	200	
Residence: City Parkville, VIC	State		Cont	try Australia		Australia Citizenship
Mailing Address Victorian College of Pharmacy, Monash t	Jniy., Perk	ville, VIC 3052 A	ustralisi			
Mailing Address Victorian College of Pharmacy, Monach L	Jniv., Park	ville, VIC 3062 A	ustre <b>lie</b> :			
City Parkville, VIC	State		Zip		Country	Australia
Name of Additional Joint Inventor, if any:		A petitio	n has be	en Med fonthis		
Given Name (first and middle (if any)			Ŕ	amily Name or S	Burname	
			<del></del>		——————————————————————————————————————	<del> </del>
Trusted a				<u> </u>		
Inventor's Signature		Date				
Residence: City	State		Coun	try		Citizenship
Mailing Address						
Malling Address						
City	State		Zipi		Country	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.53. The information is required by 55 U.S.C. 115 and 37 CFR 1.53. The information is required by 55 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will very depanding upon the including the complete of the smooth of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Putent and Traderrark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEEB OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need assistance in completing the form, call 1-800-PYO-9199 (1-800-186-9199) and select option 2.

Vennerstrom, et al.

Please type a plus sign (+) Inside this box

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

Application Number

Filing Date

First Named Inventor

Group Art Unit
Examinor Name

**POWER OF ATTORNEY OR** 

**AUTHORIZATION OF AGENT** 

	A	ttorney Docket Number F	P04559US01
OR	at Customer Number 2	22885	Place Customer Number Bar Code Label here
	Name	Regis	tration Number
<u> </u>	ATOMIO	Regio	
as my/our attorney(s business in the Unit	s) or agent(s) to prosecute the ap ed States Patent and Trademark	oplication identified abov	re, and to transact all with.
_	orrespondence address for the a tioned Customer Number.	bove-identified application	on to:
Firm or Individual Name			
Address			
Address			
City		State	Zip
Country		<del></del>	
Telephone		Fax	
I am the:  Applicant/Inv	entor.		
	ecord of the entire interest. See oder 37 CFR 3.73(b) is enclosed.		
	SIGNATURE of Applicant	or Assignee of Record	
Name Jo	nathon Vennerstrom		
Signature	muthe illen	inte	
Date	07/14/03		
NOTE: Signatures of all the i	nventors or assignees of record of the enture is required, see below.	ntire interest or their represen	tative(s) are required. Submit multiple
✓ Total of7	_forms are submitted.		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box —

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

#### Filing Date **POWER OF ATTORNEY OR** Vennerstrom, et al. First Named Inventor **AUTHORIZATION OF AGENT Group Art Unit Examiner Name** P04559US01 Attorney Docket Number

**Application Number** 

I hereby appoint:	
Practitioners at Customer Number 22885  OR Practitioner(s) named below:	Place Customer Number Bar Code Label here
Name	Registration Number
as my/our attorney(s) or agent(s) to prosecute the application	n identified above, and to transact all
business in the United States Patent and Trademark Office c	connected therewith.
Please change the correspondence address for the above-ide  The above-mentioned Customer Number.  OR	entified application to:
Firm or	
Individual Name	
Address	
Address	
City	Slate Zip
Country Telephone	T_ T
	Fax
I am the:  Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFR	
Statement under 37 CFR 3.73(b) is enclosed. (Form F	PTO/SB/96).
SIGNATURE of Applicant or Assig	nee of Record
Name Yuanqing Tang	
Signature Yvang my	
Date 07/14/03	
NOTE: Signatures of all the inventors or assignees of record of the entire interestorms if more than one signature is required, see below.	at or their representative(s) are required. Submit multiple
✓ Total of 7forms are submitted.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box +

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number		
Filing Date		
First Named Inventor	Vennerstrom, et al.	
Group Art Unit		·····
Examiner Name		
Attorney Docket Number	P04559US01	

l hereby app	oint:				
OR	oners at Customer Num	nber 22885		Place Customer Number Bar Code Label here	
☐ Practitio	ner(s) named below:				
<u></u>	Name		Red	istration Number	
		·			
<u> </u>					
<b></b>					
_					
as my/our attor business in the	mey(s) or agent(s) to p United States Patent	prosecute the application and Trademark Office o	identified ab	ove, and to transact all rewith.	
Please change  The above	the correspondence ad -mentioned Customer I	ddress for the above-ide Number.	ntified applice	ation to:	
Firm or	<del></del>				
Individual N	ame				
Address		·			
Address					
City			State	Zip	
Country			<del></del>		
Telephone			Fax		
l am the:  Applican					
Applican	nt/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATUR	RE of Applicant or Assig	nee of Record		
Name	Yuxiang Dong				
Signature	W	Don			
Date		My 14, 2003			
NOTE: Signatures of all forms if more than one	l the inventors or assignees o signature is required, see be	of record of the entire interes	t or their represe	ntative(s) are required. Submit multiple	
2 *Total of 7	forms are submitted.				
union Hour Statement: This					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box +	Please	type	a plus	sign (+)	inside this	box	<b></b> ▶	+
---	--------	------	--------	----------	-------------	-----	-----------	---

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number		
Filing Date		
First Named Inventor	Vennerstrom, et al.	
Group Art Unit		
Examiner Name		
Attorney Docket Number	P04559US01	

I hereby appo	int:			
_			_ [	Place Customer
	ners at Customer Number	22885		Number Bar Code
<i>OR</i> ☐ Practition	ner(s) named below:		L	Label here
	Name	_	Registrati	ion Number
<u> </u>				
<u> </u>			<del> </del>	
<u> </u>			J	
	ney(s) or agent(s) to prosec			
business in the	United States Patent and T	Γrademark Office con ─	nected therewith	l.
	the correspondence addres -mentioned Customer Numb		fied application t	o:
	mentioned Customer Numb	oer.		ı
OR Simon	<del></del>			
Firm <i>or</i> Individual Na	ame			
Address				
Address				<del></del>
City			State	Zip
Country Telephone			ax	
l am the:			ax	
	at/Inventor.			
	e of record of the entire inte nt under 37 CFR 3.73(b) is			
		Applicant or Assigne		
			e of Record	
Name	Maniyan Padmanilaya	<u>m</u>		
Signature		# T:		
Date		07-25-0		, n. 3 c
	I the inventors or assignees of rec signature is required, see below*.	ord of the entire interest o	r their representative	e(s) are required. Submit multiple
✓ *Total of7	forms are submitted.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments of the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DO 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box -PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMS 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMS control number.

	Application Number	
;	Filing Date	
POWER OF ATTORNEY OR	First Named Inventor Vennerstrom, et al.	
AUTHORIZATION OF AGENT	Group Art Unit	
	Examiner Name	
	Attorney Docket Number P04559US01	
I hereby appoint:  Practitioners at Customer Number	22885 Place Customer Number Bar Code	
OR	Label here	
Practitioner(s) named below:		
Name	Registration Number	
	· · · · · · · · · · · · · · · · · · ·	
as my/our attorney(s) or agent(s) to prosecute the business in the United States Patent and Tradema		
Please change the correspondence address for the   The above-mentioned Customer Number.	e above-identified application to:	
OR Firm or		
Individual Name		_
Address		_
Address		_
City	State Zip	_
Country		_
Telephone	Fax	_
i am the:  ☑ Applicant/Inventor.		
Assignee of record of the entire interest. Se Statement under 37 CFR 3.73(b) is enclose		
SIGNATURE of Applica	ant or Assignee of Record	
Name William N. Charman		
Signature Wull lova	her_	
Date Aug 12, 2003		
NOTE: Signatures of all the inventors of assignees of record of the	entire interest or their representative(s) are required. Submit multiple	
torms if more than one signature is required, see below.  2 *Total of		$\dashv$
EL I VIGIL OT	<del></del>	

Surden Hour Statement: This form is estimated to take 3 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Tradement Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commence for Patents, Washington, DC 20231.

ij

Please type a plus sign (+) inside this box -

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

	· · · · · · · · · · · · · · · · · · ·		
Application Number			
Filing Date			
First Named Inventor	Vennerstrom, et al.		
Group Art Unit			
Examiner Name			
Attorney Docket Number	P04559US01	7	

l hereby appo	int:					
OR	ners at Customer Number	22885	Place Customer Number Bar Code Label here			
rractitor	Name	Pegis	tration Number			
<del> </del>	Ivairie	Regis	tration (varibe)			
		<del></del>				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR						
Firm or Individual Na						
Address						
Address						
City		State	Zìp			
Country		· <del></del>				
Telephone		Fax				
l am the:  ☑ Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name	Jacques Chollet	~				
Signature	Jacques	Lolles				
Date	18. juilled	V 13: 90:15				
NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
✓ *Total of 7forms are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box -

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

#### **Filing Date POWER OF ATTORNEY OR First Named Inventor** Vennerstrom, et al. **AUTHORIZATION OF AGENT Group Art Unit Examiner Name** P04559US01

**Application Number** 

Attorney Docket Number

OR	ners at Customer Number	22885	Place Cu Number Label he	Bar Code		
Practition	ner(s) named below:					
l —	Name		Registration Number			
<del>                                     </del>				<del></del>		
<u> </u>						
as my/our attor	ney(s) or agent(s) to prosecute	the application ident	ified above, and to trans	sact all		
business in the	United States Patent and Trade	emark Office connec	ted therewith.			
Places shapes	the correspondence address for	. 4h	1 1 4 4			
The above-	the correspondence address for mentioned Customer Number.	the above-identified	application to:			
	mentioned Customer Number.					
OR						
Firm or Individual Na						
Address	ine					
Address						
City				T		
Country		State	Zip_			
Telephone				· · · · · · · · · · · · · · · · · · ·		
		Fax	<u> </u>			
l am the:						
Applican	t/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.						
Stateme	nt under 37 CFR 3.73(b) is encl	losed. (Form PTO/Si	3/96).			
SIGNATURE of Applicant or Assignee of Record						
	, 100	nicant of Assigned of	Record	<del></del>		
Name	Hugues Matile	1		_		
Signature	KLDYV LANYUMU	$\lambda_{\mathbf{k}}$				
Date	19. hula 2002		·			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative/s) are required. Submit multiple						
iorris ir more than one signature is required, see below*.						
✓ *Total of7	forms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.